

# OFFICIAL FILE COPY

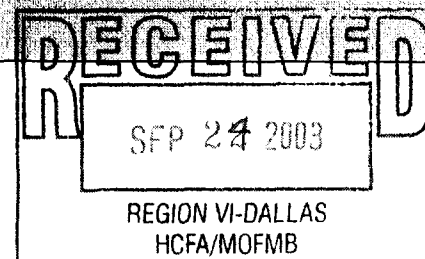
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED  
OMB NO. 0938-0193

*Extra Copy*

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER:  03-16	2. STATE:  TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  August 13, 2003	
5. TYPE OF PLAN MATERIAL (Circle One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  Balanced Budget Amendment of 1997		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2004 \$ 0 b. FFY 2005 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  SEE ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  SEE ATTACHMENT	
10. SUBJECT OF AMENDMENT:  This amendment assures compliance with the managed care requirements for State Plans under the Balanced Budget Act of 1997.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Sent to Governor's Office this date. Comments, if any, will <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Jason Cooke</i>		16. RETURN TO: Jason Cooke State Medicaid/CHIP Director Post Office Box 13247 Austin, Texas 78711 <i>Approved: 10/17/03</i> <i>Effective: 08/13/03</i>	
13. TYPED NAME: Jason Cooke			
14. TITLE: State Medicaid/CHIP Director			
15. DATE SUBMITTED: September 24, 2003			

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 24 SEPTEMBER 2003	18. DATE APPROVED: 17 OCTOBER 2003
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 13 AUGUST, 2003	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Bill Braden for Andrew Fredrickson</i>
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH
23. REMARKS:	



## **Attachment to Blocks 8 & 9 to HCFA Form 179**

**Transmittal No. TN 03-16, Amendment No. 651**

### **Number of the Plan Section or Attachment**

#### **BASIC PLAN**

List of Attachments, Page 1

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### **Number of the Superseded Plan Section or Attachment**

#### **BASIC PLAN**

List of Attachments, Page 1 TN 91-34

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Page 11 TN 95-23

Page 22 TN 91-34

Page 41 TN 99-10

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Page 45(b) TN 91-31

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New

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#### **ATTACHMENT 2.2-A**

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#### **ATTACHMENT 2.2-A**

Page 10 TN 00-19

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#### **ATTACHMENT 4.30**

Page 2

#### **ATTACHMENT 4.30**

New

## LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachments</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
* Supplement 1 -	Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
* Supplement 2 -	Definitions of Blindness and Disability (Territories only)
* Supplement 3 -	Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (States only)
* Supplement 1 -	Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
* Supplement 2 -	Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups
* Supplement 3 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
* Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

\*Forms Provided

SUPERSEDES: TN- 91-34

STATE	<u>Texas</u>	A
DATE REC'D	<u>9-24-03</u>	
DATE APPV'D	<u>10-17-03</u>	
DATE EFF	<u>8-13-03</u>	
HCFA 179	<u>03-16</u>	

 TN # 03-16  
 Supersedes TN # 91-34

 Effective Date 8-13-03  
 Approval Date 10-17-03

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: Texas

Citation  
42 CFR  
431.12(b)  
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR  
438.104

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

SUPERSEDES: TN- 74-50

STATE <u>Texas</u>	A
DATE REC'D <u>9-24-03</u>	
DATE APPV'D <u>10-17-03</u>	
DATE EFF <u>8-13-03</u>	
HCFA 179 <u>03-16</u>	

TN # 03-16  
Supersedes TN # 74-50

Effective Date 8-13-03  
Approval Date 10-17-03

# TEXAS MEDICAID STATE PLAN

11

Revision: HCFA-PM- (MB)

State/Territory: Texas

## Citation

42 CFR  
435.914  
1902(a)(34)  
of the Act

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and  
1905(a) of the  
Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

1902(a)(47) and

X (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

TN # 03-16  
Supersedes TN # 95-23

Effective Date 8-13-03  
Approval Date 10-17-03

SUPERSEDES: TN- 95-23

STATE	<u>Texas</u>
DATE REC'D	<u>9-24-03</u>
DATE APP'D	<u>10-17-03</u>
DATE EFF	<u>8-13-03</u>
HCFA 179	<u>03-16</u>

Revision: HCFA-PM-91-  
1991

(BPD)

OMB No.: 0938-

State: Texas

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT  
Services (continued)

42 CFR 441.60 1/ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.\*\*

42 CFR 440.240 and 440.250 (a)(10) Comparability of Services

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- 1/ (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

\*\* Describe here.

TN # 03-16  
Supersedes TN # 91-34

Effective Date 8-13-03  
Approval Date 10-17-03

SUPERSEDES: TN- 91-34

STATE	<u>TEXAS</u>
DATE REC'D	<u>9-24-03</u>
DATE APP'D	<u>10-17-03</u>
DATE EFF	<u>8-13-03</u>
HCFA 179	<u>03-16</u>

New: HCFA-PM-99-3  
JUNE 1999

State: Texas

Citation

42 CFR 431.51  
AT 78-90  
46 FR 48524  
48 FR 23212  
1902(a)(23)  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual –

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)  
Of the Social  
Security Act  
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)  
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN # 03-16  
Supersedes TN # 99-10

Effective Date 08-13-03  
Approval Date 10-17-03

SUPERSEDES: TN- 99-10

STATE	<u>Texas</u>
DATE REC'D	<u>9-24-03</u>
DATE APP'D	<u>10-17-03</u>
DATE EFF	<u>8-13-03</u>
HCFA 179	<u>03-16</u>

State/Territory: Texas

Citation

1902 (a)(58)

1902(w)

4.13 (e)

For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:
- (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
- (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
- (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
- (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
- (e) Ensure compliance with requirements of State Law (whether

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DATE REC'D	9-24-03
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TN # 03-16  
Supersedes TN # 91-31

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45(b)

Revision: HCFA-PM-91-9  
October 1991

(MB)

OMB No.:

State/Territory: Texas

SUPERSEDES: TN- 91-31

A	
STATE	<u>Texas</u>
DATE REC'D	<u>9-24-03</u>
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DATE EFF	<u>8-13-03</u>
HCFA 179	<u>03-16</u>

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Managed care organizations, health insuring organizations, prepaid inpatient health plans, and prepaid ambulatory health plans (as applicable) at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as Recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exist regarding advance directives.

TN # 03-16  
Supersedes TN # 91-31

Effective Date 8-13-03  
Approval Date 10-17-03

Revision: HCFA-PM-91-10 (MB)  
DECEMBER 1991

State/Territory: Texas

Citation 4.14 Utilization/Quality Control

42 CFR 431.60 (a) A Statewide program of surveillance and  
42 CFR 456.2 utilization control has been implemented that  
50 FR 15312 safeguards against unnecessary or inappropriate  
1902(a)(30)(C) and use of Medicaid services available under this  
1902(d) of the plan and against excess payments, and that  
Act, P.L. 99-509 assesses the quality of services. The  
(Section 9431) requirements of 42 CFR Part 456 are met:

X

Directly

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —

- (1) Meets the requirements of §434.6(a):
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

SI PERSEDES: TN- 93-04

STATE	<u>Texas</u>	A
DATE REC'D	<u>9-24-03</u>	
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HCFA 179	<u>03-16</u>	